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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE

MAY 29 2003

Commissioner for Patents  
Washington, D.C. 20231

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7590

03/25/2003

SCOTT A. MCBAIN  
DELPHI TECHNOLOGIES, INC.  
Legal Staff, P.O. Box 5052  
Mail Code: 480-414-420  
Troy, MI 48007-5052

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|             |                    |
|-------------|--------------------|
| Katie Hales | (Depositor's name) |
| Katie Hales | (Signature)        |
| 29-May-03   | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR        | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------------|---------------------|------------------|
| 09/905,252      | 07/13/2001  | Herbert Stanley Summers III | DP-305345           | 4879             |

TITLE OF INVENTION: PUMP AND PUMP PISTON ASSEMBLY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1300    | \$300           | \$1600           | 06/25/2003 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| PATEL, VINOD D | 3742     | 417-549000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Scott A. McBain

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date)

Katie Hales

29-May-03

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